

Pre-Activity Phase Activity Planning

Susan Ward, Maj, USAF, NC

59 TRS/MSTP

Chief, Education and Training,
59 MDOG

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Objective

- Identify the various documents in the pre-activity phase

AF CME Program Required Documents

Required Document (If documents are not received by due date the activity will be disapproved)	Required Completion Date	HQ AFPC/DPAME Due Date
Pre-Activity Phase		
AF Form 2661	30 days pre-activity	30 days pre-activity
AF Form 2662 or Curriculum Vitae	30 days pre-activity	30 days pre-activity
AF Form 2663 or Points of Instruction	30 days pre-activity	30 days pre-activity
Agenda	30 days pre-activity	30 days pre-activity
Joint Sponsorship Agreement Form (original signatures required)	30 days pre-activity	30 days pre-activity
Faculty Confirmation Letter (optional) <i>Pre-Activity In-House Faculty Letter</i> <i>Pre-Activity Outside Faculty Letter</i>	30 days pre-activity	30 days pre-activity
Faculty Disclosure Letter (original signatures required)	30 days pre-activity	30 days pre-activity
Sample Activity Publicity	30 days pre-activity	30 days pre-activity
Sample Certificate of Attendance/Successful Completion	30 days pre-activity	30 days pre-activity
Sample Evaluation Tool (pre- and post-tests, if applicable)	30 days pre-activity	30 days pre-activity
Commercial Support Agreement (original signatures required)	30 days pre-activity	30 days pre-activity
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AF Form 2661

AIR FORCE MEDICAL SERVICE
APPLICATION FOR APPROVAL OF CONTINUING MEDICAL EDUCATION ACTIVITY
(CONTINUING MEDICAL EDUCATION PROGRAM)

FOR REVIEW COMMITTEE USE ONLY

DATES		ACTION	
RECEIVED	REVIEWED	APPROVED	DISAPPROVED
COMMENTS			
ACTIVITY APPROVAL CODE		CONTACT HOURS AWARDED	
REVIEW COMMITTEE (Signature)		DATE RETURNED TO SPONSOR	

TO BE COMPLETED BY SPONSOR

CORPS	X	BSC		DC	X	MC	MS C	X	NC	X	OTHER
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Complete this form in duplicate. Retain a copy and forward original to HQ AFPC/DPAME, Randolph AFB TX 78150-4727

SPONSORING UNIT AND ADDRESS WITH ZIP CODE 18th Medical Group, Kadena AB, Japan 67938		ACTIVITY TYPE CODE/TITLE OF ACTIVITY Chronic Pain – The Treatment and Management	
INCLUSIVE DATES 19 July 02		DATE SUBMITTED 2 June 2002	
TARGET AUDIENCE			
TYPE OF AUDIENCE: Physicians, Nurses, Medical Technicians, and other healthcare personnel		ACTIVITY SIZE 60	CONTACT HOURS REQUESTED ¹ MC: 1.5 NC: 1.8

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Learning Needs

- Staff surveys
- Professional review committees
- Self-assessments/Analysis of group requirements
- Suggestions from past participants
- Requirements established by regulatory agencies
- Review of literature/trends in the profession
- Faculty perceptions/Air Force instructions

AF Form 2661

The following information will be considered when reviewing an educational activity for approval. Documentation will be attached in the form of curriculum vitae, course outlines, course announcements, and other relevant materials.

1. DETERMINATION OF LEARNING NEED (How did you determine the need for this activity?) ²

The JCAHO standards has focused on pain management and treatment – the 18th MDG formed a committee on pain management within the ambulatory clinic. In the review of the JCAHO standards and the current training programs, this area had not been appropriately trained in the previous years. Content for this activity is based on findings from reviewing of training packages and the JCAHO standards compliance as outline by the committee on pain management. The new CPGs and guidelines have driven the training program. Physicians, nurses, and medical techniques must be aware of the proper procedures for identification, treatment and management of pain. Therefore, it is imperative that the training be conducted to ensure adequate patient care. Participants gave input into content with unremitting and rigorous questioning regarding the preparation and format of the training for the CME offerings. The date and time was scheduled by assuring the administrator and planners of the activity that the activity did not conflict with personal, professional or organizational commitments of anticipated attendees

AF Form 2661

2. ACTIVITY OVERVIEW (Brief summary of major context to be presented) ²

This course is designed to facilitate the knowledge and training for the proper identification, diagnosis, and management of chronic pain. This program is in compliance with AF CME standards and with ACCME Essentials and Standards. Topics discussed will include overview of the chronic pain, definition, impact, management of chronic pain through multidisciplinary team approach. Focus on low back pain, which is one of the top 10 diagnoses within the clinic – diagnosis and management. The resources on island from the chronic pain clinic, procedures and referrals will also be discussed. Teaching methodologies will include lectures with power point presentation, handouts, and group discussion

3. LIST NAMES, GRADES, CORPS AND DUTY TITLES OF INDIVIDUALS RESPONSIBLE FOR PLANNING ACTIVITY ²

Keith Morita, Maj, USAF, MC SGH

Wendy Lee, Maj, USAF, NC, Family Nurse Practitioner

Cynthia J. Weidman, Capt, USAF Group Education and Training Officer *

*Administrative person

AF Form 2661

Section 4

Facility and Resources

- Conference Room/lighting/size
- Audiovisual Aids—supports lecturer
- Resources—libraries/books/material/labs
- Administrative Support
- Funds—Are they need
- American Disabilities Act—Must meet guidelines

AF Form 2661

4. DESCRIBE PHYSICAL FACILITY IN, WHICH OFFERING IS HELD. IS IT APPROPRIATE?

The presentation will be held in a classroom at Kadena Clinic. The lighting and temperature control are appropriate and conducive to learning. Audiovisual and computer equipment is available and reliable. Restroom facilities are readily accessible. Vending machines are located in the building. The classroom is easily accessible for those physically challenged. The facility meets all requirements of the Americans with Disabilities Act.

AF Form 2661

5.5. ADDITIONAL COMMENTS

a. PURPOSE/GOALS: To enable participants to develop an understanding of chronic pain treatment and management.

b. FACULTY INVOLVEMENT: The planning committee developed objectives. These were provided to the presenters who will develop content to meet the stated objectives. Other members responsible for planning, identified in section 3 of this form, refined stated offering objectives. Faculty will sign disclosure letters and the results will be made known to the attendees prior to commencement of the activity. Presenters and planners will review participant critiques for feedback and improvement in future presentations.

c. DISCLOSURES: Disclosure of all pertinent issues required by ACCME Essential Areas will be made to the attendees prior to the start of the course.

d. EVALUATION METHODOLOGY: This offering will be evaluated by means of a course critique/participant evaluation.

e. VERIFICATION OF PARTICIPATION/SUCCESSFUL COMPLETION: Participant attendance will be verified by: 1) All attendees will sign in on an attendance roster. 2) Successful completion is based on attendance throughout the presentation. 3) Completion of an end of course critiques. 4) Participants meeting the above criteria will receive a certificate of completion after final approval for the offering is received from HQ AFPC/DPAME. Learners will be informed of the criteria for successful completion during course introduction.

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F. RECORD KEEPING: Continuing Education offering records are maintained in a locked filing cabinet in the Group Education and Training (GETO) Office for a period of **six years (five years for nursing)** to allow for inspection or auditing by appropriate authorities. Access is limited to GETO staff with a need to know. Content of each file will be:

- 1) AF Form 2661, Application for Approval of Continuing Health Education Offering
- 2) AF Form 2662, Curriculum Vitae, for each presenter and member of the planning process
- 3) Agenda (when appropriate)
- 4) AF Form 2663, Continuing Health Education Program Outline
- 5) Program Evaluation Tool
- 6) Program Publicity
- 7) Certificate of Attendance/Completion
- 8) AF Form 2660, Attendance Roster
- 9) Summary of Course Critique/Participant Evaluation
- 10) Joint Sponsorship Agreement Form
- 11) Faculty Disclosure Letters
- 12) Commercial Support Agreement Form (if applicable)

AF Form 2661

- a. **JOINT SPONSORSHIP:** This offering will be joint sponsored between HQ AFPC/DPAME and the 18MDG.
 - b. **COMMERCIAL FINANCIAL SUPPORT:** None.
 - c. **OTHER INTERNAL FUNDING:** None
 - d. **PARTIAL CREDIT:** Partial credit not will be offered
 - e. **COURSE PUBLICITY:** This activity will be publicized through e-mail and announcements to Group and Squadron Commanders. Posters/flyers will be displayed in several locations throughout the facility as the date approaches.
- AVAILABILITY:** This offering is open on a space available basis to other personnel in the facility, both professional and paraprofessional.

AF Form 2661

6. DATE APPROVED COURSE WAS
CANCELLED

DATE NOTIFICATION OF
CANCELLATION FORWARDED
TO HQ AFPC/DPAME:

REASON FOR CANCELLATION

NAME, GRADE, CORPS, DUTY TITLE, COMMERCIAL/DSN PHONE NUMBERS, AND E-MAIL ADDRESS OF
CONTACT PERSON

Cynthia J Weidman, Capt Education and Training Officer/ DSN
630-4836/ cynthia.weidman@kadena.af.mil

Who needs a CV?

- Members of the planning committee
- Instructors or faculty

AF Form 2662 CV

LAST NAME - FIRST NAME - MIDDLE INITIAL: Young, Joni E

GRADE: Major

ADDRESS: 4700 N. Las Vegas Blvd Las Vegas, NV 89191

DUTY STATION OR EMPLOYER: 99th MDG Nellis AFB, NV 89191

TELEPHONE NO.: DSN 348-3371

PRESENT POSITION, DUTIES AND RESPONSIBILITIES:

Human Resource Flight Commander

Oversee day to day operations for Commander Support Staff, Readiness and Education and training departments.

Directs and manages programs to meet professional and career development. Consultant to the Executive Staff and other MDG personnel on matters of education and training. Monitors and reports status of MDG compliance with mandatory competency requirements and documentation.

Coordinates school of nursing and Air Force, Army, Navy, and Guard clinical site training for over 400 annually. Educational liaison. Oversee all life support training.

AF Form 2662 CV

EDUCATION INSTITUTION(S):

City College of New York
135 at Convent Ave N.Y. N.Y.

University of La Verne
La Verne CA (Elmendorf Campus)

MAJOR(S):

Nursing

Business
Organizational
Mgmt (Health
Care
Administration)

DEGREE(S):

BSN 1979

MS 2000

RELEVANT EXPERIENCE TO PROGRAM TOPIC *(include teaching):*

Prepared numerous multi-corps packages for continuing education approval by USAF CEARP.

Nurse Corps CE Provider at 3rd MDG Elmendorf AFB AK Provider **Number: 98P-01**

99th MDG, Nellis AFB, NV Provider Number: 02P-04

Applied for Nurse Providership at Nellis AFB

Element Chief for Perinatal Services prior to Group Education and Training duties

MEMBERSHIP IN ORGANIZATIONS; PUBLICATIONS; AREAS OF SPECIAL INTEREST/AWARDS

National Nursing Staff Development Organization since 2000

AWHONN since 1987

Inpatient Obstetrics certified by NCC since 1989

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AF Form 2663

CONTINUING HEALTH EDUCATION PROGRAM OUTLINE

OBJECTIVES:	CONTENT:	TIME FRAME:	PRESENTER :	TEACHING STRATEGIES:
List the learner-oriented educational objectives in behavioral terms.	Provide an outline of the content/topic presented and indicate to which objective(s) the content/topic is related.	State the time frame for topic/content area.	List the presenter for each topic/content area.	Describe the teaching strategies used by each presenter for each topic/content area.
The participant will be able to identify characteristics common to generic cancer cells.	Identifying Characteristics <ul style="list-style-type: none"> ■ Color ■ Shape ■ Rate of cell division Expression	30 min	Dr Feel-Good	

Objectives

- Behavioral or measurable
- Example: Identify, demonstrate recognize , discuss, describe

Content

- Should meet learner needs
- Should allow participants to achieve the objective
- Should be planned logically
- Consider teaching methods which best achieve the objective

AGENDA

- Show topic, time frame, and instructor
- Show that the overall activity supports the purpose/goal of the activity
- Should be submitted for course over one hour

AGENDA

Chronic Pain - Treatment and Management

19 Jul 02

1445-1500: Registration and Introduction
Weidman

Capt

1500-1520: Impact of chronic pain

Dr Foltz

1520-1610: Management of chronic pain using a multi-disciplinary team approach

Dr Flotz

1610-1630: Resources and referral for chronic pain

Dr Flotz

1630-1645: Questions/Answer Section
Evaluations

Dr Flotz

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Joint Sponsorship Agreement Form

HQ AFPC/DPAME JOINT SPONSORSHIP AGREEMENT FORM

Program Name: **Head and Neck Trauma**

Program Date(s): **5 May 2003**

Regarding joint sponsorship between
HQ AFPC/DPAME

Randolph AFB, TX and

Joint Sponsor Name: **59 Medical Wing**

Address: **2200 Bergquist Drive Suite 1**

City/Base: State: Zip: **Lackland AFB TX 78236-5300**

Telephone No. **DSN 554-5067**

Fax: **DSN 554-7188**

Contact Person: **Maj. Susan Ward**

The above named organization wishes to jointly sponsor a continuing education activity and accepts the following conditions:

Joint Sponsorship Agreement Form

12. The above named program was reviewed and meets requirements for scientific integrity and applicability to physicians.

Printed name of reviewing physician: _____

Signature of reviewing physician: _____

HQ AFPC/DPAME is additionally responsible for: _____

_____ is additionally responsible for: _____

Joint Sponsor Representative (name): **David E. Holck, LtCol, USAF, MC CME Program Director**

Signature: _____ Date: **12 Feb 03** _____

Program Name: _____

HQ AFPC/DPAME (name): _____

Signature: _____

Date: _____

Faculty Confirmation Letter (optional)

SAMPLE FACULTY CONFIRMATION LETTER

Date

Dear ():

Thank you for agreeing to serve on our faculty for the upcoming continuing medical education activity (" Title ") which will be held on (Date), at the (Location). Your presentation, ("Presentation Title") is scheduled to begin at (time). As we discussed, your presentation should be (time length) and is to be followed by a (time length) period for audience questions. As agreed upon, your honorarium for this event will be (\$) plus expenses. An expense request form is enclosed together with a copy of our regulations regarding expense claims. We ask that you follow these regulations carefully to avoid unnecessary delays in processing your reimbursement.

The (Planning Group Name), which planned and designed this activity, formulated the following objectives which need to be the basis of your presentation:

1. OBJECTIVE
2. OBJECTIVE
3. OBJECTIVE

Faculty Confirmation Letter (optional)

If you have any questions concerning these objectives or need clarification regarding the expectations of the Committee, please contact us.

It is the policy of the Office of CME to conduct post-activity evaluations. These evaluations ask participants to indicate the appropriateness of presentations to their specific practices, if the presentations satisfied the stated objectives, if they were satisfied with the faculty presentations and if there was any evidence of commercial bias. The results of these evaluations are used to plan future CME activities and are shared with the faculty.

As a joint CME sponsor, (Sponsor Name), requires that its speakers comply with the ACCME Standards for Commercial Support of CME (copy attached). We will be disclosing to our participants that this CME activity has been supported by an educational grant from (Commercial Company). As our speaker, you are required to disclose any significant financial interest or relationship that you may have with the (Commercial Company) or the manufacturer(s) of any commercial product/service that is discussed as part of your presentation. To this end, we ask that you complete the enclosed "Faculty Disclosure Statement" and return this to our office by (Date).

Faculty Confirmation Letter (optional)

The (Program Location) is completely equipped with all types of audio-visual support systems. Please inform this office of your requirements for audio-visual support. If you wish for us to provide this service we must have your request no later than (Date).

The office of CME is responsible for providing uniform syllabus materials. In order to meet our printing deadlines it will be necessary for us to receive your syllabus materials no later than (Date). Please provide these materials on 8 1/2 x 11 inch double spaced #20 bond paper. Because of printing requirements we cannot accept dot matrix printed materials. If this is a problem for you, please call us immediately so that we can make satisfactory arrangements for your syllabus materials.

Once again, thank you for your willingness to participate in this CME event. The committee has worked hard to develop a program which will meet the expressed needs of our expected participants, which we anticipate will come from the (Geographic Region). We have specifically promoted this activity to providers in (Medical Specialty). The Committee asked me to mention this to you to aid in the preparation of your presentation.

If we can be of any additional help, or can clarify any of the above statements, please contact us. Our office hours are from 0730 a.m. to 4:30 p.m. Monday-Friday.

Sincerely,
(CME Director's Name/Title)

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Faculty Disclosure Letter

Speaker: _____

CME Program Title: _____

PLEASE CHECK THE APPROPRIATE STATEMENT BELOW:

STATEMENT #1:

_____ *I have no financial interest/arrangement or affiliation in relation to this program or presentation.*

STATEMENT #2:

_____ *I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest with the subject of this presentation.*

Affiliation/Financial Interest Organization

Grant/Research Support _____

Consultant _____

Speaker's Bureau _____

Major Stock Shareholder _____

Other Financial or Material Support _____

Signature: _____ **Date:** _____

Publicity

Advanced Cardiac Life Support (ACLS) Instructor Course

Presented by: Group Education and Training Office
99th Medical Group Nellis, AFB

29 Jul 03, 8:00 Am to 4:30 PM
99th Medical Group, E & T, Bldg 1305

At the completion of this offering the participants should be able to:

- Identify the role of the ACLS Instructor to include adult learning and teaching principles and motivating students for greater student class interactions
- Utilize various forms of audiovisual equipment; overhead projectors, slide projectors, flip charts, and video cameras
- Demonstrate proficiency and knowledge of all ACLS skills student testing stations
- Demonstrate effective teaching strategies

This one day offering will cover: ACLS course design and set-up, adult learning principles, use of audiovisual equipment, skills station practicums and instructor student teaching presentations.

The Office of the Surgeon General, United States Air Force, designates this educational activity for a maximum of 6.0 hours in category 1 credit towards the education AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

This activity has been jointly planned and implemented in accordance with the Essential Areas and ancillary policies of the Accreditation Council for Continuing Medical Education (ACCME) by the Office of the Surgeon General, United States Air Force and 99th Medical Group, Nellis AFB NV. The Office of the Surgeon General, United States Air Force is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality and scientific integrity of this program.

For more information and to ensure a seat for this program,
Contact: Education and Training 3-3372 or 3-2358

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Certificate

Certificate of Attendance/Successful Completion
99th MEDICAL GROUP, NELLIS AFB, NV
Advanced Cardiac Life Support
Instructor Course
Date: 29 July 03

Attendance approval for:

NAME: Susan Ward

Last 4 -Social Security #: 1234

State(s) of Licensure: Louisiana

Physician (MC Officers): The Office of the Surgeon General, United States Air Force certifies that the Physician named above has participated in the educational activity entitled "Advanced Cardiac Life Support Instructor Course" at the 99th Medical Group, Nellis AFB, NV on 29 July 03 and is awarded 6.0 hours of category 1 credit toward the AMA Physician's Recognition Award. Approval Code: XXXXX.

Non-Physician (MSC, BSC, & DC Officers): The Office of the Surgeon General, United States Air Force certifies that "Name of Participant" has participated in the educational activity entitled "Advanced Cardiac Life Support Instructor Course" at 99th Medical Group, Nellis AFB, NV on 29 July 03. The activity was designated for 6.0 hours of AMA PRA Category 1 credit.

Nurses
99th Medical Group/SGPT, is approved as a provider of continuing education in Nursing by Nurse Utilization and Education Branch, Medical Service Officer Management Division, HQ AFPC which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center Commission on Accreditation. Approval Code: 02P-04 7.2 contact hours

JONI E. YOUNG, Maj, USAF, NC
Human Resource Flight Commander

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Evaluation Tool

CME Participant Evaluation/Critique
[Activity Title]
[Date]

We solicit your input to evaluate the quality of this activity so that we can develop better classes in the future. Your input and feedback is pertinent for us to be able to provide courses that will help you to improve as a practitioner.

I. Overall quality of the activity. On a scale of 1 to 5, with 1 meaning “Strongly Disagree” and 5 meaning “Strongly Agree”, rate the following components regarding the activity as a whole:

1. The physical facility used was appropriate. 1 2 3 4 5
2. The subject/topic met my learning need. 1 2 3 4 5
3. The objective(s) was relevant to the overall purpose of the activity. 1 2 3 4 5
4. Handouts and other written materials were organized and useful to learning. 1 2 3 4 5
5. How has this course helped you to improve your skills as a medical practitioner?
6. How much of this course was new material to you and if so, what portions?
7. Did you perceive that this course was fair, balanced and free of commercial bias?
8. What suggestions do you have for future offerings?

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Evaluation Tool

II. Individual sessions/presenters. On a scale of 1 to 5, with 1 meaning “Strongly Disagree” and 5 meaning “Strongly Agree”, rate the following components listed for each individual topic/session:

Topic #1: **Squameous Cell Carcinoma** :

Presenter expertise was apparent.

I achieved the topic objective

Teaching strategies were appropriate.

		Dr Dire Outcome				
1	2	3	4	5		
		1	2	3	4 5	
		1	2	3	4 5	

[Topic #2]

Presenter expertise was apparent.

I achieved the topic objective

Teaching strategies were appropriate.

1	2	3	4	5	
		1	2	3	4 5
		1	2	3	4 5

[Topic #3]

Presenter expertise was apparent.

I achieved the topic objective

Teaching strategies were appropriate.

1	2	3	4	5	
		1	2	3	4 5
		1	2	3	4 5

Commercial Support Agreement

AGREEMENT FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION HQ AFPC/DPAME

PREAMBLE

Office of the Surgeon General, United States Air Force is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education (CME) for physicians. The ACCME Standards for Commercial Support of CME describe “appropriate behavior of accredited sponsors in planning, designing, implementing, and evaluating certified CME activities for which commercial support is received.” In accordance with these Standards, the HQ AFPC/DPAME has established a policy requiring commercial companies supporting CME activities, sponsored by HQ AFPC/DPAME, to sign an *Agreement for Commercial Support of Continuing Medical Education*.

AGREEMENT

In accordance with the terms of this Agreement, Name of Medical Treatment Facility agrees to: 1) abide by the ACCME’s Standards for Commercial Support of CME; 2) acknowledge educational support from the commercial company in program brochures, syllabi, and other program materials; 3) upon request, furnish the commercial company a report concerning the expenditure of the funds provided. and 4) will adhere to the instructions in AFI 51-601, Gifts to the Department of the Air Force.

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Commercial Support Agreement

The Commercial Company also agrees to: 1) abide by the ACCME Standards for Commercial Support of CME and HQ AFPC/DPAME's Commercial Support Policy and Disclosure Statement (reverse side); and 2) conduct its activities in full compliance with the Standards and institutional policy in consideration for being identified as a commercial supporter and/or exhibitor of the following program; and 3) will adhere to the instructions in AFI 51-601, Gifts to the Department of the Air Force.

CME Activity: _____

Course Date: _____

Course Location: _____

The Commercial Company identified below agrees to provide the following support for this CME activity:

- ☐ **Unrestricted Educational Grant** \$ _____
- ☐ **Restricted Educational Grant** \$ _____
- **Exhibitor Fee** \$ _____
- **Speaker** (name of speaker) _____
- ☐ all expenses ☐ travel only ☐ honorarium only
- \$ _____
- **Catering Function/Sponsored Event** (specify event) \$ _____
- **Other** (specify) \$ _____

Total \$ _____

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Checklist

Joint Sponsorship Letter/E-mail Request					Y / N
Joint Sponsorship Agreement Form?					Y / N / NA
AF Form 2661					Y / N
Title of activity: Head and Neck Injury				Activity tracking/ approval number: 4.0	
Activity type: Lecture	EM / RS / SA / US	Date submitted:	Contact hours requested:	Contact hours approved:	
Joint-sponsoring unit/base: 59 MDW Lackland AFB, TX					
Estimated number of physician participants: 30		Estimated number of non-physician participants: 0		Estimated total number of participants: 30	
Requested approval period:			Projected session dates: 24 May 03		
Type of audience includes physicians?					Y / N
Learning need identified?					Y / N

Checklist

Data types (circle all that apply-at least one must be circled)						
Directed/ Regulated	Evaluation of Prior CME Activity	Expert Opinion	Medical Staff Input	Outside Data (NIH, PHS, CDC)	Audit Results	CME Committee
Physician Requests	Physician Competency Tests	Literature Review	Admission/ Diagnosis Data	Patient Surveys	New Medical Technology	Other (list)
Activity overview/purpose/goals and objectives?						Y / N
Physical facilities appropriate and in compliance w/ADA?						Y / N
Joint Sponsorship approved?						Y / N
Joint Sponsorship statement used?						Y / N
Faculty involvement described?						Y / N
Faculty disclosure process/disclosure method (to participants) described?						Y / N
Commercial support/lack of commercial support stated? (If commercial support exists ensure commercial support agreements are attached (see below)).						Y / N

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Checklist

If activity commercially supported, estimated amount listed?						Y / N / NA
If activity commercially supported, projected commercial supporters listed?						Y / N / NA
If activity commercially supported, was disclosure/acknowledgement (to participants) method described?						Y / N / NA
Unit-funded (O&M) goods/services purchased outside unit/AF (i.e. copies from Kinko's or food from commissary) stated?						Y / N / NA
If unit-funded (O&M) goods/services purchased outside unit/AF, estimated amount stated (list estimated amount below)?						Y / N / NA
Partial credit/lack of partial credit stated?					Y / N	
If requested, is partial credit tracking method clear and appropriate?					Y / N / NA	
Evaluation method appropriate?					Y / N	
Desired level of result:	Attendance Y / N	Attendee Satisfaction Y / N	Knowledge Y / N	Skills Y / N	Performance/ Practice Y / N	Health Outcome Y / N

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Checklist

Verification method of participation/successful completion listed?	Y / N
Includes 2660 or equivalent?	Y / N
Includes completion of activity critique?	Y / N
Includes completion of pre/post test or other methods?	Y / N / NA
Criteria for successful completion disclosed to audience prior to activity?	Y / N
Record keeping 6 years?	Y / N
Storage facility appropriate?	Y / N
Security/access adequately described?	Y / N
Appropriate documents listed?	Y / N
Sample agenda (if activity is approved for more than one AMA Cat 1 hour)	Y / N / NA
Agenda contact hours match AF Form 2663 and contact hours requested?	Y / N / NA
Includes accredited/non-accredited time?	Y / N / NA
Agenda faculty listed and match AF Form 2663 faculty?	Y / N / NA

Checklist

AF Form 2663/Points of Instruction	Y / N
Clear/measurable/behavioral objectives?	Y / N
Objectives match content?	Y / N
Faculty listed (not required for ETCA courses POIs)?	Y / N / NA
Teaching method listed?	Y / N
Evaluation method listed?	Y / N
Sample activity publicity	Y / N
Activity objectives publicized?	Y / N / NA
Time, date, and location publicized?	Y / N
Correct publicity statements (requested hours must be filled in)?	
The Office of the Surgeon General, United States Air Force, designates this educational activity for a maximum of XX hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.	Y / N
This activity has been jointly planned and implemented in accordance with the Essential Areas and ancillary policies of the Accreditation Council for Continuing Medical Education (ACCME) by the Office of the Surgeon General, United States Air Force and XXXX. The Office of the Surgeon General, United States Air Force is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality and scientific integrity of this program.	Y / N
Commercial support acknowledged?	Y / N / NA

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Checklist

Sample certificate of attendance/successful completion	Y / N
Correct accreditation statements?	
<p>Physician:</p> <p>The Office of the Surgeon General, United States Air Force certifies that Dr. XXXX has participated in the educational activity entitled XXXX at XXXX AFB on DD Mmm YY and is awarded XX hours of category 1 credit toward the AMA Physician's Recognition Award.</p>	Y / N
<p>Non-physician:</p> <p>The Office of the Surgeon General, United States Air Force certifies that XXXX has participated in the educational activity entitled XXXX at XXXX AFB on DD Mmm YY. The activity was designated for XX hours of AMA PRA Category 1 credit.</p>	Y / N / NA
Signature verifying completion (signed by appointed CME POC)?	Y / N
Sample evaluation tools?	Y / N
Sample participant critique?	Y / N
Sample pre/post test(s)?	Y / N / NA
Evaluation by objective?	Y / N
Required questions included?	Y / N
Other sample evaluation tools?	Y / N / NA
Commercial Support Agreement(s)?	Y / N / NA
Estimated amount of commercial support, if applicable:	\$ 0
Estimated amount of unit-funded (O&M) contracted/purchased services used, if applicable:	\$ 0

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Checklist

List planning committee members:	MC?	AF Form 2662/CV
John Nicetome	Y / N	Y / N
Hannah Ward	Y / N	Y / N
Allen Good	Y / N	Y / N

List faculty:	Instructor Certification Date (if applicable)	AF Form 2662/CV	Faculty Disclosure
John Nicetome		Y / N	Y / N
Hannah Ward		Y / N	Y / N
Allen Good		Y / N	Y / N
		Y / N	Y / N

Checklist

Title of activity:			Activity/Session approval number:		
Activity type:	EM / RS / SA / US	Date submitted:	Contact hours approved:		
Joint-sponsoring unit/base:					
Report of Health Education/Training Activity					Y / N
AF Form 2660/Sign-in Sheet/Documentation of Completion?					Y / N
Number of physician/non-physician participants listed?					Y / N
Activity Evaluation Summary?					Y / N
Parameters actually used to evaluate effectiveness:					
Attendance Y / N	Attendee Satisfaction Y / N	Learner Knowledge Y / N	Skill or Attitudes Y / N	Changes in Practice/Performance Y / N	Improved Health Status of Patients Y / N
Activity Checklist?					Y / N
Activity Budget Worksheet?					Y / N
Final agenda (If different from sample)?					Y / N / NC
Final AF Form 2663/Points of Instruction (If different from sample)?					Y / N / NC
Final activity publicity (If different from sample)?					Y / N / NC
Final certificate of attendance/successful completion (If different from sample)?					Y / N / NC
Final evaluation tools (If different from samples)?					Y / N / NC
Final Commercial Support Agreement(s) (If different from original)?					Y / N / NC
Final Faculty Disclosure Letters (If not submitted prior to activity (must be signed prior to activity)))? <i>Integrity... Service... Excellence</i>					Y / N / NA

That's All Folks

Questions



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